Health and Human Services Transformation Panel

Meeting #3: March 20, 2013

1:00 PM to 4:00 PM

Mercer Island Community and Event Center
8236 SE 24th Street, Mercer Island

Panel Member Attendees:

Heidi Albritton, Seattle Human Services
Elizabeth Bennett, Seattle Children's Hospital
Dan Murphy for Jane Beyer, Washington State Department of Social and Health Services
Jim Blanchard, Auburn Youth Resources
Colleen Brandt-Schluter, City of SeaTac, Human Services
Lisa Cohen, Washington Global Health Alliance
Shelley Cooper-Ashford, Center for Multicultural health
Merril Cousin, King County Coalition Against Domestic Violence
Deanna Dawson, Sound Cities Association
David Downing, Youth Eastside Services
Bill Hallerman, Catholic Community Services
Dr. Jeff Harris, Health Promotion Research Center
Patricia Hayden, Seattle-King-Snohomish YWCA
Daniel Malone on behalf of Ron Jackson, Evergreen Treatment Services (Ret)
Hyeok Kim, International Community Development Association
Brian Knowles, Bailey Boushay House
Emily Leslie, City of Bellevue
Sara Levin, United Way of King County
Julie Lindberg, Molina Healthcare of Washington
Marilyn Mason-Plunkett, Hopelink
Mark Okazaki, Neighborhood House
Nathan Phillips, South King Council on Human Services
Terry Pottmeyer, Friends of Youth
Adrienne Quinn, Medina Foundation
Kelly Rider, Housing Development Consortium
Diane Sosne, SEIU
Janet St. Clair, Asian Counseling and Referral Service
Margaret-Lee Thompson, Developmental Disabilities

Excused
Mark Secord, Neighborcare Health
Dr. Dan Lessler, Harborview Medical Center

Other Attendees:
Judy Clegg, Clegg and Associates
Kim Adams, Clegg and Associates
Susan McLaughlin, King County Department of Community and Human Services
Betsy Jones, King County Executive's Office
Janna Wilson, PHSKC
Kelli Carroll, King County Council
Jennifer DeYoung, PHSKC
Suzanne Pak, Immersion Force
Karen Spoelman, King County Department of Community and Human Services

Welcome, Introductions, Agenda Overview

- Panel members and County staff at the table introduced themselves
- Meeting Overview
    - Familiarize Panel members with a collective impact approach to transforming health and human services in King County
    - Identify Panel members' ideas for improvements to the draft vision, goal, and principles necessary to guide the system transformation
    - Obtain Panel members' input to the draft transformation design (collective impact approach and timeline)
    - Obtain Panel input on the draft financing options and funding strategies

Collective Impact Approach to System Transformation

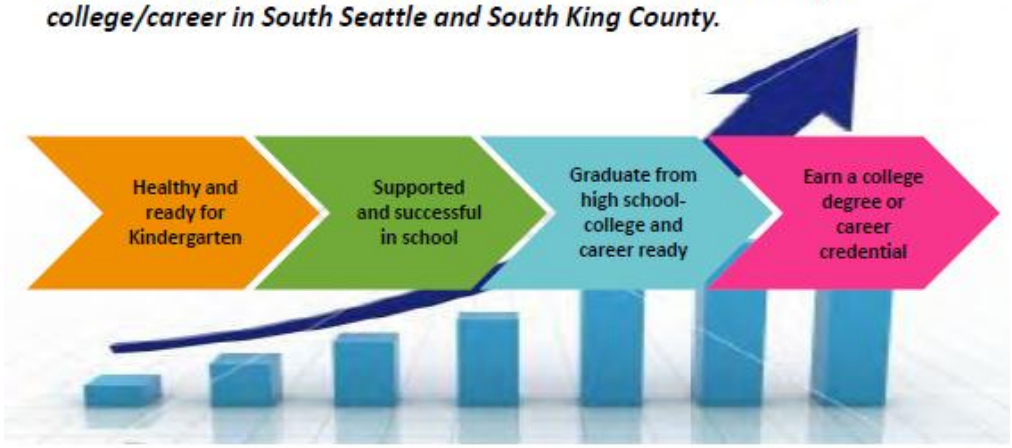
PPT presentation by Judy Clegg

- Decentralized…Yet highly aligned approach…That brings diverse sectors and organizations together…To achieve a common set of results…
- Five Fundamentals
    - Common Agenda
    - Shared Measurement
    - Mutually Reinforcing Activities
    - Continuous Communication
    - Initiative Support
- Common Agenda
    - Shared
    - Common understanding of the problem
    - Joint approach to addressing it
    - Mutually agreed-upon actions

- Shared Measurement
    - Agree on indicators to track
    - Consistent data collecting and reporting
    - Mutual accountability for results
- Mutually Reinforcing Activities
    - Participant activities differentiated, yet coordinated
    - Mutually reinforcing plan of action
- Continuous Communication
    - Consistent and open communication across players to…
        - Build trust
        - Reinforce work toward shared objectives
        - Create common motivation
- Initiative Support
    - Help unify efforts around
        - Bringing partners together
        - Providing technical assistance
        - Lining up resources
        - Organizing meetings
- Isolated Impact – the way we are and have been
    - Funders select individual grantees
    - Nonprofits work separately to produce greatest independent impact
    - Evaluation isolates particular organization's impact
    - Large scale change assumed to depend on scaling single organization
    - Corporate and government sectors often disconnected from efforts of foundations and nonprofits
- Collective Impact
    - Funders and agencies know that solutions to social problems come from the interaction of many organizations within a larger system
    - Progress depends on working toward the same goal and measuring the same things
    - Large scale impact depends on increasing cross-sector alignment and learning among many organizations
    - Corporate and government sectors are essential partners
    - Organizations actively coordinate their actions and share lessons learned
- Example Collective Impact Project in King County

The Road Map for Education Results

The "Road Map Project" is a collective impact initiative aimed at getting dramatic improvement in student achievement – cradle through college/career in South Seattle and South King County.



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28

Road Map for Education Results Goal:

Our goal is to double the number of students in South King County and South Seattle who are on track to graduate from college or earn a career credential by 2020. We are committed to nothing less than closing the unacceptable achievement gaps for low income students and children of color, and increasing achievement for all students from cradle to college and career.

The project is tracking a series of shared indicators

We will report on our progress using the following measures:

- % children meeting kindergarten readiness standards
- % children accessing comprehensive medical and dental care
- % eligible children enrolled in evidence-based early learning programs

- % students proficient in 3rd grade reading
- % students proficient in 4th grade math
- % 9th graders who pass end of course algebra exam
- % students motivated and engaged to succeed in school
- % students who are not triggering all three Early Warning indicators
- % parents who believe a college degree is important and actively support their child's education

- % students graduating high school meeting proposed Washington State graduation requirements
- % students who take SAT/ACT and/or take a community college placement test in high school
- % high school graduates who take developmental education courses in college

- % students who earn a post-secondary credential by age 26
- % students who enroll in postsecondary education
- % students who persist year to year

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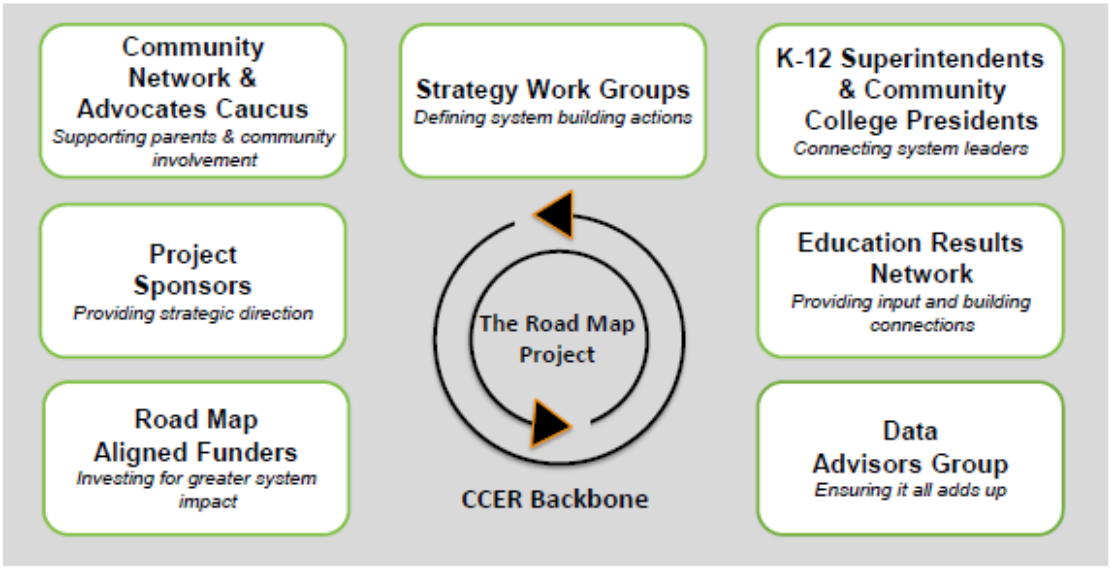
30

Overall, there are a wide array of stakeholders participating in several groups to contribute to the project



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32

Questions and Discussion

- What questions do you have about how collective impact works?
- What about this approach would work well for unifying health and human services?
- What factors might get in the way?
- What would we have to pay special attention to?

- ***Funding streams are separate and shrinking; Sharing data will be a huge amount of work; We are already trying to figure out the impact of community action agencies, and though we have the same reporting requirements, that doesn't mean all is the same***
- ***Concern about where in the process we involve policy makers and elected officials. We seem to be late in the game and there is skepticism from the city leaders and we may have trouble getting buy in from them – specifically the suburban representatives are finding this very staff and provider driven.***
- ***One member felt the Road Map example provided a goal that is broad but specific; concrete and measurable***
- ***S. King County School Districts got $40M to do this, so don't miss the cost issue; Likewise, there is a big difference in agency capacity coming to the table for this type of a specific organized approach. Some have worked together well and some have not.***
- ***What comes up from the human services perspective is that this was done for something really specific. What human services do is broader and there could be a need for something like this for many areas that agencies operate in. What is the 'IT' we are talking about and could it just be a portion of what one individual might be trying to accomplish, and applicable to only a fraction of client?. It's possible to make a change that is not an improvement. It just keeps getting bigger and bigger. If the IT is the central core partner and there are spokes of other services that connect to it.***
- ***Judy notes that some parts of the country have multiple CI projects running that are tied together.***
- ***Is CI being proposed as how this group makes recommendations or how the broader system will work over the next few years? At what point will it come in?***
    - ***A: It's the way we would unify our HHS systems over the coming 3-5 years***
- ***The elements of the process and approach are not inherently going to integrate culturally appropriate services. Clearly this is part of what needs to happen, but ensuring the players are at the table is critical to making this happen and succeed.***
- ***Data consistency may seem innocuous, but when you look at it, there may be other issues when there are language issues and other similar obstacles. Elements of approach will need further conversations.***
    - ***We need to be sure there are enough checks and balances to ensure cultural competence***
    - ***Judy notes that focus on disparities makes this a fundamental building block.***
- ***Big proponent of CI, but have been involved and have CI fatigue. It does come with some challenges. It took a year to write the Road Map goal and took a lot of stakeholders. Part of the process is to bring people from places of strength to the table. CI is part of a realignment of resources – this means some are being taken and there may be unintended consequences.***
- ***I'm here representing families and adults with Developmental Disabilities. We are at the heart of seeing the silos in the current system. There are local and federal and state issues. Add in language***

barriers and the issue becomes all encompassing. There really ought to be a sharing of information and there needs to be more staff that understand the silos.

- ***I went through the LEAN process, has this happened at the County level? Can we learn about LEAN process thinking for this? Looking at relationships between DD and Commerce***

- ***My struggle is that we have a charge and a short timeline. How do we apply CI to defining the problem, engaging stakeholders – with our existing charge and within a short timeline***
  - ***What we are thinking is that CI might be the approach we would recommend for moving forward.***
  - ***We will be talking about a phased approach and a way to begin with getting more concrete, though not solving all of the world's problems by June 1st.***
- ***A case worker once brought me a difficult client. I asked if the case worker has been through all the systems. The end question from the client was – are you going to help me or not. I've spent 25 years seeing these problems, and we seem to have a critical mass here to create a tipping point. This seems to be a great framework for finding a place to start.***

Draft System Vision, Goal, and Principles

Presentation and Discussion

- Vision
  - Safety, health, and well-being for all individuals, families, and communities in King County
- Goal
  - Use public and private resources efficiently and effectively to achieve better health, better care, and better costs to support individuals and communities in realizing their full potential
- Principles
  - A transformed system of health and human services will . . .
    - Place individuals and families at the center of services that address the whole person/family
      - Strive for individual and family self-sufficiency
      - Create a more fair and just King County, i.e., advance equity
      - Define results that we want to produce – and then measure progress for continual learning and improvement
      - Drive toward the prevention of health and social problems, and support recovery
      - Achieve financial sustainability for the system

Discussion

- Are these what we want?
- What did we miss?
- What's here that you don't like?

- ***Principles – we try to talk strengths - move address person and family under strengths based services***
    - Use public and private resources efficiently and effectively to support individuals and communities in realizing their full potential to achieve better health, better care, and better costs
- ***What I like about the schools CI example is that it is concrete. Has specifics.***
    - ***We need portals for various clusters to get efficiency and to get the right services at the right time for the clients in the community.***
    - ***We are looking at all services in KC. Can we cluster them and see how we might improve the clusters of services***
- ***Exciting thing is bringing H &HS together. What is there here that will get us past the stove pipes. We need something to add "integrated" to speak to that piece of it.***
    - ***Transformed does not inherently mean better***
- ***The last line may seem like a throwaway. Are we going to be constrained by existing dwindling resources? Is there a task to see what a just system might look like and what resources might be needed? More attention is needed to understand the charge.***
- ***KC Strategic Plan speaks to disparities within communities of color and some of the wording needs to be stated in the goal – <u>equitable. Use the language driving the strategic plan here.</u>***
- ***Vision is really focused on ALL – at goal and principles level it does not seem focused on entire system. We need to broaden these to INCREASE our capacity to serve ALL people and help EVERYONE***
- ***Echo – vision good, goal doesn't speak to me yet. I keep going back to the charge and we seem to have dropped key principles of culturally appropriate care which seem to have dropped out here. There is a healthy tension between person centered care and EBPs—there is a sense of a problem to be solved, rather than strengths based.***
- ***Echo vision is dynamic. Great start. Goals: What does better care mean? Better adoption of EBPs? Principles of "fair and just" are so open ended – do we want to specify disparities? Creating greater accessibility is key – integration, cultural competency, etc. for our citizens***
- ***Where will we engage a broader audience of stakeholders? We may need a tighter vision and broader goals. Are we talking about improving the current state or EXPANDING? If the latter, we need buy in. We need to work to inspire folks for why we should expand with more resources. This needs to be achievable, and something someone can wrap their heads around. What exactly are we trying to get at?***
- ***Better health, Better care, better costs seems HC focused, not whole system of services***
- ***Goal is a struggle. There are a lot of personalities to the funders, across communities and much further. In terms of resource allocation, the goal seems simplistic and does not address what we in the nonprofit sector confront. This does not seem like reality.***
- ***Reiterate comments around great start, but heavy on health side and not enough Human Services on the principles. Need to add disparities in Human Services as well as health. Need to get at the integration we are trying to do. There needs to be reflection of flexibility of funding and not furthering the silos.***

- ***Suggest principles include that any new system embrace or have the promotion of data disaggregation as a stated core competency. Our populations change over time, and are part of larger populations.***
- ***Will do editing suggestions via email. Idea of self sufficiency is illusory, balance interdependence and self determination is perhaps a better way of saying this. We are all at different layers, but the WHAT we are talking about is what we are talking about integrating. But then there are other layers that are not integrated, and then there are other layers that need to be coordinated but not integrated.***
    - ***There are issues that touch upon all of these different systems and when we see them through only one lens, we miss things. The systems touch each other, but that does not create the lens from which to look through. I.e., a mental health or health lens. This is particularly important when talking about funding***
    - ***These are key issues when we get to the HOW are we going to do this.***
- ***Should a principle say that a transformed system will be able to respond rapidly to changes in our environment, including the funding environment.***
- ***We need talk about <u>leveraging expertise</u> as well as resources.***
- ***I'm in the HOW with KC being so diverse – languages, geo, education – will we be based on geographic, language or what?***
- ***Echo need for overall to not just be health and medical, we need to think about PREDIAGNOSIS and doing something before something is wrong.***
- ***Suggest on goals adding better care, better costs, better <u>lives</u> (rather than health)***

Draft Transformation Design

PPT Presentation: Overview of Design and Timeline

- What we mean by **<u>CARE:</u>** The provision of what is necessary for the health, welfare, maintenance, and protection of someone or something
- There are two levels of effort at the heart of transformation
    - Individuals and Families
    - The Community
- ***We*** are part of ***(and responsible for)*** an evolutionary process toward the Care of the Future
    - Health of the individual requires a healthy community; greater focus on social determinants of health
    - Healthy population centered ***strengths based***; further shift of $ upstream
    - Seamless integration of all services & supports (one care plan, one virtual care team)
    - Robust ***reporting*** of quality and outcomes
    - Pay for value (outcomes)
    - High transparency
    - ***Seamless*** integration of health and human services
- Recap of 2/27 Session
    - Heard about care system approaches in Vermont and Bend

- Small group discussions about what we can learn from Vermont, Missouri, Atlanta, The Google
- Upshot 1: aspects of all (well, maybe not the Google!) could improve care
- Upshot 2: most involve more cross-systems features than we have now
- Upshot 3: our challenge is to factor in our complexity
- Upshot 4: high impact strategies are key – where should we focus first
- ***Q: What about the Atlanta model? We have referenced it but not heard much about it?***
  - ***A: This is basically the hub/one stop model.***

- Next: System Level Organization
  - Uses a collective impact approach
  - Follows our principles
  - Brings together multiple sectors
  - Engages the community
  - Agrees on intended results
  - Identifies measures and reporting
  - Communicates across sectors and agencies
- Collective Impact Approach
  - **<u>Goal</u>**
    - Use public and private resources to effectively and efficiently achieve better health, better care, and better costs to support individuals and communities in realizing their full potential
  - **<u>Method</u>**
    - A Collective Impact approach that brings together multiple sectors to achieve a specific set of outcomes related to the goal

- Convene Collective Impact Initiative

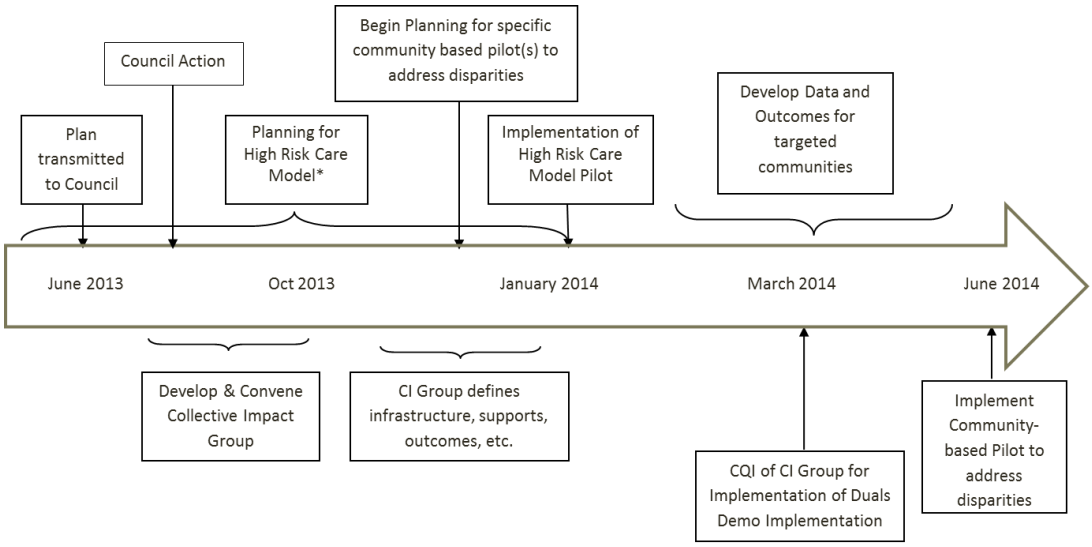
  - We can't pretend its simple, but we need to put something in place to get results over time.
  - Questions and Discussion
    - What questions do you have about how a collective impact approach could work for transforming our system?
    - What features of this approach make sense to you?
    - Which aspects concern you?
    - ***Is the select performance measures component specific to strategies and different from outcomes?***
      - ***It's part of the process and will likely circle back and interconnect***
    - ***Is there a step to get to a shared agenda?***
    - ***Back to slide 4 – first step is a shared agenda. Version 3.0 seems ideal. As a service provider this has to seem pretty scary. Many providers are rather far downstream. Paying for outcomes is kind of scary and a big change. Is this really the common agenda we want, or is this too big for this group to think about***
      - ***We need to empower a group of people to come together with the support to do this and we at King County are wanting to support you***
    - ***Financing is a piece of this that needs to be on the arrow flow and how we pay for the backbone and structure.***
    - ***What is the low hanging fruit? How can we show the transformation and appeal to the funders? Where might we see immediate results?***

- ***Is the proposal that CI be a one size fits all initiative for the county? This looks complicated and needs to make sense regionally.***
    - ***What kind of overall structure and process do we need to put in place to be able to think about how things might look at the service delivery level?***
- ***Note that City of Bellevue is using CI for project in schools, but it's a lengthy process 1.5 years in and just resolving outcomes***
- ***CI is really about making sure all sectors are represented. We're currently struggling with huge missing piece in South County due to homelessness and lack of food. We need to be sure that all aspects of the problem are represented.***
- ***In order to make upstream changes we need policy changes, driven by constituents who are not currently empowered to ask for the change they need. It's not just about designing services for them but designing services with them and demanding the services they deserve.***
- ***Key word is to agree on outcomes – devil is in the details. You can do this several different ways. When we're talking about increasing access, you need to increase and measure and fund increased capacity. This makes a huge difference in the success of the endeavor.***
- ***We need to measure if we increase capacity just by transforming the system***
- ***Many compelling things about CI and better utilization of current resources, but there is a need for an analysis of the gaps in the safety net and the many people not getting any services.***
- ***Version 3.0 does seem like the common agenda, but there are different interests in different entities. As a downstream provider, the only way the vision is alarming is if there was an immediate harvesting of resources and pretending there would be no further need of crisis services, though this is a great vision. Agencies will adapt if they are interested in business survival.***
    - ***An audacious goal would be a need for no more crisis services***
- ***Can we say we're going to reduce the need for crisis services by 50%***
- ***Three things occurred to me.***
    - ***I keep going back to the one year ramp up of CI – OH NO – we need quick victories to build on***
        - ***Areas with most consensus? Youth? Homelessness? Task the people that most deal with this area that brings in all aspects to test hypotheses and then test criteria and prioritize them.***
        - ***Change is made by starting and then building on it to see where replicable and then do the next one.***
    - ***Issue in health care is pay for performance – we are here. Pay for outcomes, pay for high value services. ACO means there is one bundled payment and there are many things to learn from the health care industry. This incentivizes managing risk and best practices.***
    - ***Lean and process improvement happen then***

- Proposed Starting Place

- High Risk Care Model Pilot
- Community-based Disparities Pilot

- Health and Human Services Transformation Draft Timeline - Year One Implementation



**The Duals Demo Project is a key opportunity for testing a model for high-risk/high cost individuals and therefore, work on this key ingredient of the transformation design is accelerated due to the timeline for the duals project*

- Janna on High Risk Care Model
  - This is an area we are seeing a lot of interest in action for integration, and how we might engage the state in collective impact. We have thrown a lot of money at this in our communities, and we might be able to improve on it and move the needle if we come together.

- ***What defines this population?***
  - ***The state defines it as high cost Medicaid. Others define by use of shelters, EDs, etc.***
- ***There is a concept that we are developing something new – we have so many ongoing projects – should we not look at some of the projects underway and not reinvent too much?***
- ***Echo that CI is expansive and inclusive. What I'm struggling with is the Council motion and that reporting back with a process proposal feels a little bit like punting?***
- ***Pilots may not help us achieve what our charge was – developing a framework for an integrated system. It's unclear how much more pilots will actually move the entire system and the things we are struggling with. There seems to be value in tackling the larger issues, but we are only meeting 4 times.***
- ***If we are talking about investing further upstream, a high risk care model seems incongruous place to start.***
- ***I'm concerned we are committing to getting new resources when we don't have policy makers invested in this idea. Voters and elected officials are likely to give push back.***
- ***We need to look at policy makers as more than just ATMs***
- ***High risk model is a "Leg Up Model" for the Duals project, invested in by state, feds and locals.***
  - ***Where the health system is not working is a reasonable proxy for other systems not working in people's lives, and also a good sense that there may be other strategies being launched at addressing these issues.***

- ***Both pilots sound promising, but, with our CI project, we started with a clear goal and then went back and looked at how process was going to work, and see where the biggest capacity issues are.***
    - ***We looked at upstream and downstream needs and then evaluated our strategies to see how they fit in.***
- ***I want to echo that we're not quite where we need to be for the Council Charge***
- ***Again, there are many projects and we need to know what they are so we can combine and fill in gaps as needed.***
- ***First part of plan should be to conduct an assessment of assets and gaps, but we can give Council a long list of projects, but we can't hone these until we have the assessment. One best potential place to look is where we are spending a ton of money.***

Financing Options and Funding Strategies – Judy

- ACA and many other changes are coming. How do we use resources to ensure we are addressing everything people need? How do we stop putting money into tertiary care?
- How do we look at what we have, what else is coming in, how we can shift how we spend what we do have and how that can create a system where we are spending our resources in a way that makes more sense and accomplishes agreed upon results?
- How do we embark on a whole new way of doing things?
- Betsy, from Executive perspective, supports CI as it is a bigger conversation than just how the county makes investments. We want to leverage the future and the Medicaid expansion. We can reinvest savings from really high risk folks back into the system.
    - We don't want to make our decisions in a silo away from other funders and stakeholders. We want to use CI to make decisions about where to invest.
    - We need to be able to make our case for how we are performing at the top of our game.
    - We need this process to begin having the conversation and start seeing where to move the dial
- Kelli on the Motion
    - No anxiety about a plan calling for further process. There was not an expectation of a fully baked plan. Plan has 4 policy goals, and is broad, largely due to unknowns and additional work to be done with our suburban city partners and other agencies.
    - Motion did not call for specific dollar amount, but rather a list of financing options for review
- Council Member Patterson's Staff noted that it is not just making the case for new funding but defending the funding that is in place

Panel questions and discussion

- ***Comment: We need to show urgency and be bold. We need to be able to tell the council that we support a system that will make a difference for the people who need it.***
- ***Betsy notes that the conversation around the table reflects internal tensions, and that we need to strike a balance between speed and deliberation and engaging the right folks around the table. Please grant us a little grace as we figure this out. We want to act boldly, and CI is a way to do that. We need to engage in a process together.***

- ***Comment: Take efficiency language off the table, as it raises hackles in this room. Reality is that we have taken cuts over time and have worked to find funding for cut services.***
- ***Betsy – There are more resources needed, but they are strategic investments for realigned ways of doing things and funding for those things.***
- ***Comment: Staff at the nonprofit agencies are bearing the brunt and we should be embarrassed at what we are paying staff.***
- ***We need to start looking at what we can no longer do without additional resources.***
- ***Betsy – Inefficiencies are a system wide issue, not a provider by provider issue.***

Public Comment

There were no public comments.

Next Steps and Close